Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS56AGC	A. BUILDING _____ B. WING _____	06/05/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADMIRED GROUP HOME	2353 MOONLITE DR. LAS VEGAS, NV 89115

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This statement of deficiencies was generated as a result of the annual state licensure survey conducted at your facility on June 5, 2008. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 6 total beds. The facility had the following category of classified beds: 6 Category 1 beds. The facility had the following endorsements: Residential facility which provides care to the Elderly and Disabled persons. Residential facility which provides care to persons with Mental Illness. The census was five residents. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on interview and personnel file review, the facility failed to ensure 3 of 3 employees received the required 8 hours of annual caregiver training related to providing needs of the residents of a residential facility (#1, #2, #3). Findings include: 1. The file for Employee #1 (hired 4/19/05) lacked documented evidence of eight hours of annual caregiver training. 2. The file for Employee #2 (hired 7/1/97) lacked documented evidence of eight hours of annual caregiver training. 3. The file for Employee #3 (hire date unknown) lacked documented evidence of eight hours of annual caregiver training. On 6/5/08 at 11:30 am, Employee #2 stated she recently took several training classes but did not have the certificates available at the time. Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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Y 103	Continued From page 2 This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the	Y 103		

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Y 103	Continued From page 3 preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist,	Y 103		

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Y 103	Continued From page 4 if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on personnel file review, the facility failed to ensure 3 out of 3 employees received annual Tuberculin screening testing (#1, #2, #3). Findings include: 1. Employee #1's (hired 4/19/05) personnel file revealed there was no evidence of a current Tuberculin screening test. The most recent documented annual screening was dated 10/6/06. 2. Employee #2's (hired 7/1/97) personnel file revealed there was no evidence of a current Tuberculin screening test. The most recent documented annual screening was dated 4/13/07. 3. Employee #3's (hire date unknown) personnel file revealed there was no evidence of a current Tuberculin screening test. The most recent documented annual screening was dated 3/07. Severity: 2 Scope: 3	Y 103		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and	Y 106		

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Y 106	Continued From page 5 cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on personnel record review, the facility failed to ensure 2 of 3 employees maintained current certification in Cardiopulmonary Resuscitation (CPR) & First Aid (#1, #3). Findings include: 1. The file for Employee #1 (hired 4/19/05) lacked documented evidence of current CPR & first aid training. 2. The file for Employee #3 (hire date unknown) lacked documented evidence of current CPR & First aid training. Severity: 2 Scope: 3	Y 106		
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the exterior of the facility was well maintained.	Y 178		

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Y 178	Continued From page 6 Findings include: On 6/5/08 at 11:30 AM, the exterior of the facility was observed with 2 abandoned junk cars and a large pile of automobile tires in the far rear of the back yard, approximately 100 feet from the back of the house. The roof of the shed on the north side of the house was missing, exposing tools and building supplies. On 6/5/08 at 11:45 AM, the caregiver and her husband revealed the cars and tires in the rear yard belonged to their mechanic. The caregiver stated she talked to him regarding removing these items but the mechanic did not give an estimate as to when the items would be removed. Regarding the roof on the shed, the caregiver stated the roof had just blown off the night before due to a strong windstorm and this would be replaced as soon as possible. Severity: 2 Scope: 1	Y 178		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	Y 250		

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Y 250	Continued From page 7 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the kitchen and equipment were clean and allowed for sanitary preparation of food. Findings include: On 6/5/08 at 10:00 AM, a long spiral sheet of fly paper with at least 30 flies hanging over the kitchen sink was observed. On 6/5/08 11:00 AM, Resident #2 entered the kitchen, went directly to the kitchen sink, placed his mouth on the kitchen faucet and drank directly from the faucet. This incident occurred right next to the hanging sheet of fly paper with the 30 flies. On 6/5/08 at 11:30 AM, the caregiver and her husband revealed there were a large number of flies in the area because the next door neighbor had a horse. The flypaper caught a large number of flies and prevented them from flying throughout the house. The caregiver also stated the flypaper was changed frequently but did not state the frequency. The caregiver and her husband disposed of the current strip that was hanging & pulled out a new strip to show there were additional strips available to hang. The caregiver stated she did not see the resident drink from the kitchen faucet, however the caregiver's husband acknowledged he saw the incident. The caregiver stated she did not know why the resident did this since there was a large supply of water available to the residents in the refrigerator. Severity: 2 Scope: 3	Y 250		

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Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who	Y 936		

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Y 936	Continued From page 9 has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.	Y 936		

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Y 936	Continued From page 10 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a	Y 936		

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Y 936	Continued From page 11 person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. Based on record review, the facility failed to ensure 2 of 5 residents had evidence of compliance with the provision of chapter 441A of NRS (#3, #5). Findings include: 1. The file for Resident #3 (admitted 4/1/08) lacked documented evidence of an annual Tuberculin screening test. The most recent documented Tuberculin screening test was dated 5/18/07. 2. The file for Resident #5 (admitted 1/29/99) lacked documented evidence of an annual Tuberculin screening test. The most recent documented Tuberculin screening was dated 4/07. Severity: 2 Scope: 3	Y 936		
YA895 SS=D	449.2744(1)(b) Medication/MAR	YA895		

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YA895	Continued From page 12 NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure there was accurate maintenance and documentation of medication administration for 2 of 5 residents (#3, #4). Findings include: 1. Review of the June 2008, medication administration record (MAR) for Resident # 3 revealed Depakote 500 milligram, was not signed as given on the MAR for 6/4/08 at 8PM. There was no documentation the resident refused or other explanation why the medication was not given. 2. Review of the MAR for Resident # 4 showed Depakote 500 milligram 1 tablet at bedtime which was signed off as given at 8 PM nightly. Review	YA895		

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YA895	Continued From page 13 of the original doctor's order and the pill bottle showed Depakote 500 milligram 2 tablets at bedtime. On 6/5/08 at 11:00 AM, the caregiver revealed resident #3's medication was actually given however, she failed to document this on the MAR. Regarding resident #4, the caregiver stated that although the MAR indicated only 1 tablet at bedtime, the resident had actually been receiving 2 tablets as stated on the bottle. The caregiver stated she always checked and administered the medications according to the pill bottle and not the MAR. Severity: 2 Scope: 1	YA895		
YA908 SS=E	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.	YA908		

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YA908	Continued From page 14 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure accurate and required documentation of medication for 1 of 5 residents (#2). Findings include: Review of the medication administration record of Resident # 2 revealed Seroquel 50 milligrams by mouth was being given twice a day daily. The physician's order was written as Seroquel 50 milligram twice a day as needed. There was no documentation as to the reason the medication was given or the results of the medication following administration. Employee #2 stated the resident's doctor told her to give the medication twice a day since the resident had anxiety. Therefore she dispensed the medication twice a day. Severity: 2 Scope: 1	YA908		